



**ISRAELI-ARAB SCHOLARSHIP PROGRAM (IASP)
APPLICATION COVER SHEET**

This form must be included with your completed application.

YOUR NAME _____
(as it appears on your passport) Last First Middle Title (Mr., Miss, Mrs., Prof., Dr.)

HOME COUNTRY CONTACT INFORMATION

Permanent mailing address in Israel: _____
Home telephone: _____
Office telephone: _____
Fax number: _____
E-mail address: _____

HOW DID YOU FIND OUT ABOUT IASP? Please check all that apply.

- ☐ At the U.S. Embassy Public Affairs Office (Please specify how—through a display, advising session, etc.): _____
- ☐ From a former IASP grantee ☐ From a friend ☐ From a relative ☐ From a teacher or professor
- ☐ From an advertisement (Please specify the location of the ad): _____
- ☐ Other (Please specify how): _____

PERSONAL INFORMATION

Marital status: ☐ Single ☐ Engaged ☐ Married Spouse's full name: _____

Spouse's citizenship: _____ Number of children: _____

Number of dependents to accompany/join you in United States: _____

EMERGENCY CONTACT INFORMATION

Please provide the names and contact information of individuals who should be notified in case of an emergency.

In the United States: _____
Name Relationship to you Street Address

City State ZIP Code Telephone Number E-mail address

In Israel: _____
Name Relationship to you Street Address

City State and/or Country Telephone Number E-mail address

Does the contact in your home country speak English? ☐ Yes ☐ No
If the contact does *not* speak English, please indicate any language(s) that he/she speaks: _____



**ISRAELI-ARAB SCHOLARSHIP PROGRAM (IASP)
APPLICATION FOR STUDY IN THE UNITED STATES**

*IASP is sponsored by the United States Department of State Bureau of Educational and Cultural Affairs (ECA)
AMIDEAST administers IASP for ECA*

YOUR NAME _____
(as it appears on your passport) Last First Middle Title (Mr., Miss, Mrs., Prof., Dr.)

Please indicate any other spelling(s) or name(s) you use: _____

U.S. CONTACT INFORMATION

Israeli-Arab Scholarship Program
AMIDEAST
1730 M Street NW, Suite 1100
Washington, DC 20036-4505
Tel: (202) 776-9600
Fax: (202) 776-7000

(Affix photo here)

FIELD OF STUDY

Major Field of Study: _____

Degree Objective: ☐ Master's
☐ Doctorate
☐ Non-degree

Area of Specialization: _____

PERSONAL DATA

Sex: ☐ Male ☐ Female Date of Birth: _____ Place: _____
Month/Day/Year City Country

Country of permanent legal residence: _____ Country of citizenship: _____

Current academic/professional status (student status or job title): _____

REFERENCES

Please identify the three (3) individuals who will be writing letters of recommendation on your behalf.

1. Name: _____ Title: _____

Mailing address: _____

Telephone number: _____ E-mail address: _____

2. Name: _____ Title: _____

Mailing address: _____

Telephone number: _____ E-mail address: _____

3. Name: _____ Title: _____

Mailing address: _____

Telephone number: _____ E-mail address: _____

Name:

PREVIOUS ACADEMIC HONORS

Please indicate any fellowships, scholarships, academic awards, or honors that you have received. If you have produced any publications, please also list them here.

EDUCATIONAL BACKGROUND

Please provide complete information about all the educational institutions that you have attended and, if applicable, information about the institution(s) at which you are presently enrolled.

Institution Name (No abbreviations)	Institution Location (City, Country)	Dates Attended MM/YY – MM/YY		Major Field of Study	Degree Received and Date Received*	Grade Point Average**
		From:	To:			
Primary School:						
Secondary School:						
Post-Secondary Education:						

* Please identify the name of your degree by the word used at the institution that awarded you the degree. Do *not* provide the name of the U.S. educational system's equivalent. If you have not yet received the degree, please indicate the date (month and year) you expect to receive it.

** Please indicate your Grade Point Average (GPA) according to the system used at the institution at which you studied. Do *not* convert your GPA to the U.S. educational system's equivalent.

Please explain any gaps in your education: _____

Have you ever been dismissed from a university? ☐ No ☐ Yes If yes, please explain why: _____

Name: _____

LANGUAGE PROFICIENCY

Native language(s): _____

Number of years of English study: _____ Where studied: _____

Knowledge of foreign languages, including English (Rate your abilities as Excellent, Good, or Fair):

Language Name	Reading Ability	Writing Ability	Speaking Ability
English			

STANDARDIZED TEST SCORES

Please indicate your TOEFL, GRE, and/or GMAT scores. For the GRE General Test, please specify your Verbal (V), Quantitative (Q), and Analytical (A) scores.

Test Name	Date taken or to be taken	Score		
GRE		(V)	(Q)	(A)
GRE SUBJECT				
TOEFL				
GMAT				
OTHER				

EMPLOYMENT EXPERIENCE

Please start with your most recent position. You may also attach a resume or curriculum vitae (CV).

Name of Employer and Employer's Mailing Address	Your Job Title and Responsibilities	Dates of Employment MM/YY – MM/YY	
		From:	To:
		From:	To:
		From:	To:

Name:

Physical Impairment

Please describe any physical impairment you might have. If you require any special equipment or medical treatment as a result of the physical impairment, please describe it. This information is gathered for statistical purposes and to ensure appropriate placement. IASP does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.

ESSAYS: Future Plans and Statement of Purpose

If you are completing a computer application, please insert your essay responses below the appropriate essay question. If you are completing a paper application, please type your essay responses on separate sheets of paper and attach them to your completed application.

Future Plans

Please describe the career you plan to pursue after completion of study or research in the United States. Indicate if you will return to your former job, or if you have been selected to fill new position in your home country upon completion of your academic program in the United States. Please explain any plans you may have for continued research in your home country.

Statement of Purpose

Please write a clear and detailed description of your academic objectives and the reasons why you wish to pursue them. Discuss your goals both in terms of your field of study in general and within your specific area of specialization. Describe the type of program you wish to pursue and how it relates to your academic and professional background and your objectives for the future. Please keep in mind that the essay will be an essential part of your application for placement into an appropriate program. In your essay do not name specific universities at which you would like to study.

GRANT SUSPENSION/TERMINATION/REVOCATION

A grant may be revoked, terminated, or suspended.

Grounds for revocation or termination include, but are not limited to: (1) violation of any law of the United States or the host country; (2) any act likely to give offense to the host country; (3) failure to observe satisfactory academic or professional standards; (4) physical or mental incapacitation; (5) engaging in any unauthorized income-producing activity; (6) failure to comply with the grant's terms and conditions; (7) material misrepresentation made by any grantee in the application form or grant document.

A grant may be suspended if: (1) the grantee ceases to carry out the project or academic program during the grant period; (2) the grantee leaves the host country without authorization of the post or supervising agency; (3) conditions in the host country require the departure of the grantees for reasons of personal safety or security.

SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete and that I intend to return home upon completion of my studies. I have asked AMIDEAST to arrange for my placement at an American university and request that all correspondence be directed to AMIDEAST at the address on the first page of this application. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to AMIDEAST.

Signature: _____ Date: _____



**ISRAELI-ARAB SCHOLARSHIP PROGRAM (IASP)
RECOMMENDATION FOR GRADUATE STUDY**

Please return this form directly to:

United States Embassy – Public Affairs Office – Attn: Elena Mischel
PO Box 26180 – Tel Aviv 61261

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study.

To the Applicant: Please complete Part I of this form before delivering it to your recommender.

PART I:

Name of Applicant: _____

Home Country: _____ Field of Study: _____

To the Recommender: Please complete Parts II and III of this form.

PART II:

Name and Title of Recommender: _____

Contact information (include e-mail if available): _____

How do you know the applicant? _____

How long have you known the applicant? _____ Months _____ Years

How do you rank the applicant among others in his/her field? ☐ Top 5% ☐ Top 10% ☐ Top 25% ☐ Other _____%

Using the chart below, please rate the applicant in comparison with others you have known in the same field.

	Outstanding	Excellent	Good	Fair	Poor	Unable to Judge
Academic Performance						
Intellectual Ability						
Motivation						
Potential to contribute to the field						
Resourcefulness & Initiative						
Leadership Qualities						
Ability in oral expression						
Ability in written expression						
Adaptability to new situations						

PART III:

Please provide a typed, candid evaluation of the applicant's past academic performance and ability to pursue and successfully complete a program of study in the proposed field. Please state any special qualities, characteristics, or achievements that distinguish the applicant. The universities in the U.S. that will review this student's application will pay considerable attention to your statement. Therefore, please be as complete and detailed as possible in your evaluation. You may substitute a letter on a separate sheet of paper if necessary.

Signature: _____ Date: _____